Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300 ances Candidate or Committee Year 2001 Report: Pre-Preliminary Pre-Election 30-Day Year-End Organization / Providing Materials / Notification * Organizational form provided to candidate or committee (M101, M101BQ, M101PC) Campaign finance report form provided to candidate or committee (M102) Summary of the campaign finance law provided (OCPF guide booklet) Filing notice (includes reporting dates, due dates and language concerning late fines) Pre-Preliminary Pre-Election 30-Day Year-end *All forms, guides and notices can be delivered by e-mail **Inspecting Reports** The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date. Correct dates for the relevant reporting period Signatures Positive ending balance If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence. Contributions (Monetary receipts and in-kind contributions) Names and Addresses for contributions of more than \$50 Occupation and Employer for contributions of \$200 or more No contributions from corporations, business partnerships, LLCs or LLPs No contributions from individuals for more than \$1,000 (see OCPF's limits chart for other limits) Expenditures Vendor Names and Addresses for expenditures of more than \$50 Purpose information is disclosed Reimbursements form (R-1s) filed for reimbursements Date of Inspection 10/29/2/



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

of Massachusetts File with: City or Town Clerk or Election Commiss Fill in Reporting Period dates: Beginning Date: Ending Date: Type of Report: (Check one) 8th day preceding preliminary 30 day after election **8** 8th day preceding election year-end report dissolution Candidate Full Name (if applicable) After Sought and District Residential Address JIMMAS HCTT COUNUL @ GMAN. EM abreakmana al. 10m 413 462-0637 Phone # (optional): Phone # (optional): 0281 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) **Line 4:** Total expenditures this period (page 5, line 14) **Line 5:** Ending Balance (line 3 minus line 4) **Line 6:** Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) 2482115 **Line 8:** Name of bank(s) used: RAMOR Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finan activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55

(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
11/2/121	ROWALD SLETHING 392 BROWS ST 01066	20	
9117121	DENNIS BLOWNE 19#02000 AS- 01860	96-62	
91181121	25B14 BRUD PUE 01000	100	
9 (30/2)	WILIAM BUMBY EASTMAPTONE SUZZ	100	
7312*	CAS A DOMENON & NAW	36:10	
1120121	BLIDGE CHATAKES 3 E BUDGET LOGO CHATAKES	100	
ודולאטן	POBOR 9 TY WILLAMSDRG MA DIDA	28	
7/26/21	STEVE PIPLLO 12 ARMAD CT 01060	100	
10170121	TURY DOHARY 2E KRUT ST DI 060	100	
9/18/21	GALLE QUIGHT GIANAIR 5 01667	20	
1011012	MAL WALLEY STO1060	25	
9/19/21	2116 CAPPIAL WAY	100	
Line 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)	907 BC	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	907.72	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

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(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
1011121	POWNS HEROLD 28 RAMBLEX PLASS FLOT 01060	20		
101 A121	MATT HODY 16 BUTLAR ALKE 01 660	25		
9113/21	LESLIE LADRIC 113 PACKEDULE RO PELHAM 01402	100		
9118/21	BOLORDIN LEW OFFAIRST U1060	20		
9/17/21	LRUBE LUISE FUE UIODO	20		
9/20/21	26 61 COVER AVE 26 61 COVER AVE DI 060	25		
9/19/20	ALOX GHISCHES 164 PUERSPE DR DID67	100		
7120/21	PATRICE ESGINI 20 BRAGERD (CARHILLATO 01062	200	ROALTON	
919/21	DEMONS HELMUN	25		
9119/21	ABNEL EUMSOU 14 HONCOCT ST 01060	50		
1013121	SU STUD MITHAL MEDIAPLY IN DILUCT CT. 01060	25		
9119/21	15 600 000 AVE 01000	25		
ine 9: Total Recei	pts over \$50 (or listed above)	200		
ine 10: Total Receipts \$50 and under* (not listed above)		495		
	RECEIPTS IN THE PERIOD	695	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
9/19/21	BARRY TELLE NIOROSA 21 BATES ST DIDGO	20	
9119121	70 NOPA ST 01060	100	
9115/21	36 FRONT ST 01060	250	RETIRED
1 (2)121	LOLA REND J6 WLVAMIT	25	
9120121	RASSECRET S AANWOW 2 BARRY PURA #2 01060	30	
10/1012	STEVEN SEEDE BARRASIFUEL 401111000 DR 01053	27	
911912	5 LIZABOHS (108)	100	
9119(21	LEGHBART DELPRONSON IN SUNDEN	70	
9 120121	20 NORTHON RUE 01060	10	
4125/21	JENNIFOR MORANUS 18 HOCK ANOM BO 0100	10	
9/1/8/71	35 FRUTTST 0/060	20	
9119121	JORATHAN WYNN ZZ SUMMER LT U1060	30	
9119/21	53 BURSY BERY C 11010	3.	
Line 9: Total Recei	pts over \$50 (or listed above)	2.70	,
Line 10: Total Receipts \$50 and under* (not listed above)		760	
	ECEIPTS IN THE PERIOD	8/0	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required report all expenditures. Please include your committee name and a page are required.

Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amoun
414121	JOBLA MARNOTON	SALNO HOUSE 81 CON2 ST	15 CROAM &X MZ	15,90
	600 SER	NA	DUMANS	36.00
	60666	NA	S AFMES	36,
Distribution				
- Constitution of the cons				
and the state of t				
		Line 12: Total Expenditures over Line 13: Total Expenditures \$50 a	57.4	
		Line 14: TOTAL EXPENDITU		57.4